



**HACAP Locations for
Iowa's Low Income Home Energy Assistance Program (LIHEAP)**

APPLICATIONS CAN BE COMPLETED ON-LINE AT www.hacap.org; EMAILED TO: energy@hacap.org; MAILED; OR DROPPED OFF IN DROP OFF BOXES NEXT TO THE HACAP FACILITIES

Benton County - North Benton

202 E. 4th St, Vinton, IA 52349
Call: 319-472-4761
Hours: Mon–Fri 8 am–11:30 am; 12:30 pm-4:00 pm

Delaware County – Outreach Office

721 S 5th St, Manchester, IA 52057
Mail: PO Box 443, Manchester, IA 52057
Call: 563-927-4629
Hours: Mon–Fri 8 am–12:00, 1:00 pm-4:00 pm

Dubuque County – Outreach Office

220 West 7th St, Dubuque, IA 52001
Call: 563-556-5130
Hours: Mon–Fri 8–4 pm

Jones County – Outreach Office

105 Broadway Pl Ste 17, Anamosa, IA 52205
Call: 319-462-4343
Hours: Mon–Fri 9 am–12:00 pm, 1:00 pm-4:00 pm

Iowa County – Marengo Library Satellite Office

225 E Hilton St, Marengo, IA 52301
Mail: 5560 6th St, SW, Cedar Rapids, IA 52404
Call: 319-550-3528
Hours: Tues & Thur 8:00 am–12:00 pm
12:30pm–4:30 pm (beginning 10/1/25 to 4/30/26)

Jackson County – Outreach Office

904 E Quarry St, Maquoketa, IA 52060
Call: 563-652-5197
Hours: Mon-Fri 8 am–12:00 pm; 1:00 pm–4:00 pm

Johnson County – Waterfront Office

367 Southgate Ave, Iowa City, IA 52240
Call: 319-337-5765
Hours: Mon–Fri 8 am–12:00 pm; 1:00 pm-4:00 pm

Linn County – Urban Office

1328 2nd Ave, SE, Cedar Rapids, IA 52403
Call: 319 739-0100 or 319-366-7632
Hours: Mon–Fri 8 am–12:00 pm; 1:00 pm-4:00 pm

Linn County – Inn Circle

5560 6th St, SW, Cedar Rapids, IA 52404
Call: 319-739-0100 or 319-366-7631
Hours: Mon-Fri 8 am–12:00 pm; 1:00 pm-4:00 pm

Washington County – Orchard Hill Office

Physical Address: 2175 Lexington Blvd Bldg 1, East Door Washington, IA 52353
Mailing Address: 2176 Lexington Blvd, Washington, IA 52353
Call: 319-653-7275
Hours: Mon–Fri 8 am–12:00 pm; 1:00 pm-4:00 pm

FOR PROGRAM QUESTIONS

- ✓ Contact your local HACAP Energy office listed above
- OR
- ✓ Call 319-739-0100 to leave a message for HACAP Energy
- ✓ Find out more information at www.hacap.org



HACAP Housing Stabilization Application Checklist **CRISIS PY25**

(Including Iowa's Low Income Home Energy Assistance Program and Weatherization Assistance Program)
Crisis Program Runs: April 1, 2025 to September 30, 2025

All applications **may be mailed or put in a drop off box at the front door of your local HACAP site**; or mailed to HACAP, PO Box 490, Hiawatha, IA 52233; or you may email it back to energy@hacap.org. Please no originals of documents.

REQUIRED DOCUMENTATION				
Y/N	Please include copies of these documents with your application			
	Application – Thoroughly complete the first, second, and third page, sign and date it			
	Identification - Social Security Card, Valid Iowa Driver's License, Out-of-state valid Driver's License with gold star or ID (must provide SSN verbally/written), Financial Statement showing Social Security numbers, Federal Taxes include signature page; Military ID, printout from Social Security office, or I-94 card showing an USCIS number. Need verification for every member who resides in the home.			
	Heating Bill – Your current natural gas, propane, electric, etc. bill. Provide a lease if heat is included in rent)			
	Electric Bill - Your current electric bill (this may be the same as your heating bill)			
	Utility Authorization Release – If utilities are not under your name, person who they are under needs to complete			
REQUIRED INCOME DOCUMENTATION				
Please check each income type your household receives <u>and include copies of documents</u> . May use past 30 days OR past year (annual) for income documents, <u>but everyone residing in the house must choose the same period</u> (everyone uses 30 days OR everyone uses past year (annual)). Need income documentation for anyone 18 years or older.				
Yes	No	Types of Income	Past 30 days	Past Year (Annual)
		Wages, Salary	Pay check stubs for past 30 days (if paid bi-weekly, 2 most recent; if paid weekly, 4 most recent)	All W-2 forms, Federal Income Tax Return, including Schedule 1
		Self-Employment, Rental Income, or Farm Income	If you did not file taxes, request a Self-Employment form from HACAP to use past 30 days	Federal Income Tax Return, include Schedule 1, from most current year; if no tax return contact HACAP
		Social Security or SSI	Award letter or recent bank statement which shows bank name and account holders name showing direct deposit	1099 or statement from SSA showing annual amount, or most recent Federal Tax Return, include Schedule 1
		Pension, Retirement, or Veteran's Benefits	Award letter or recent bank statement which shows bank name and account holders name showing direct deposit	1099R for pension or retirement income, or most recent Federal Income Tax Return, include Schedule 1
		Worker's Compensation	Worker's Comp letter stating benefit amount, how often paid, start/end date of benefits	Worker's Comp Letter stating benefit amount, how often paid, start/end date of benefits
		Unemployment Benefits	Printout from IWF Development with DBRO or letter stating the benefit amount, how often paid, start/end date of benefits.	Printout from IWF with DBRO or letter stating the benefit amount, how often paid, start/end date of benefits
		No Income as Individual Household Member	If a member has had NO income from any source in the 30 days, mark No Income on the Income Section of the Application <u>and</u> complete "Zero Income" form.	If a member has had NO income from any source in the past year, mark no income <u>and</u> provide an Unemployment printout for year



HACAP HOUSING STABILIZATION PROGRAMS APPLICATION

Including IOWA LOW-INCOME ENERGY ASSISTANCE PROGRAM/WEATHERIZATION PROGRAM

(ALL INFORMATION AND QUESTIONS ARE REQUIRED TO BE COMPLETED)

Acceptance Date Stamp

1. HEAD OF HOUSEHOLD CONTACT INFORMATION

LEGAL LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____ COUNTY: _____

STREET ADDRESS: _____ CITY: _____ ZIP CODE: _____ LANGUAGE: _____

MAILING ADDRESS: _____ CITY: _____ ZIP CODE: _____

HOME PHONE NUMBER: _____ CELL: _____ TEXTING YES NO

EMAIL: _____

STAFF ONLY

INTERPRETER YES NO

MEMBER INFO CODES	RELATIONSHIP TO HEAD OF HOUSEHOLD	RACE	HEALTH INSURANCE	HIGHEST LEVEL OF EDUCATION	EMPLOYMENT (WORK STATUS)	INCOME SOURCES
0 = Head of Household 1 = Spouse 2 = Child 3 = Foster Child 4 = Grandchild 5 = Parent 6 = Grandparent 7 = Other Relation 8 = Not Related 9 = Sibling	C = White B = Black or African American AS = Asian AI = American Indian AN = Alaskan Native N = Native Hawaiian/ Other Pacific Islander MR = Multi-racial (2 or more) O = Other U = Unknown/Not Reported	1 = Medicare 2 = Medicaid 3 = Military Health Care 4 = Direct Purchase 5 = Unknown 6 = Hawk-I/ CHIP 7 = Iowa Health & Wellness for Adults 8 = Employment based 9 = No Health Insurance	1 = 0-8 th Grade 2 = 9 th -12 th Grade 3 = High School Graduate 4 = GED/HISET/High School Equivalency 5 = 12 th Grade + Some Post-Secondary 6 = 2-4 Year College Graduate 7 = Graduate School or other Post-Secondary School 8 = Unknown/Not Reported	1 = Employed Full-Time 2 = Employed Part-Time 3 = Migrant Seasonal Farm Worker 4 = Unemployed Short Term (6 months or less) 5 = Unemployed- Long Term (6 months or more) 6 = Unemployed- Not in the Labor Force 7 = Retired 8 = Contract 9 = Temporary A = 13 yrs or younger U = Unknown	1 = Salary/Wages 2 = Self Employment/Farm 3 = SSA (Retirement/Elderly) 4 = Pension 5 = SSI (Age 0-17) 6 = SSI (Age 18+) 7 = SSDI (Disability) Age 0-17 8 = SSDI (Disability) Age 18+ 9 = VA SCD Compensation 10 = VA NSCD Pension 11 = Unemployment Benefits	12 = Private Disability/Workers Comp 13 = TANF/FIP Assistance 14 = Cash Assistance (Family/Friends) 15 = Alimony/Spousal Support 16 = General Assistance 17 = Child Support 18 = Foster/Adoption Subsidy 19 = No Income O = Other

HOW MANY PEOPLE ARE LIVING IN THE HOME? _____

DO YOU HAVE ANY MEMBERS THAT ARE HOMEBOUND? _____

2. HOUSEHOLD MEMBER/INCOME INFORMATION (USE CODE ABOVE)

A disconnected youth is a member 14-25 years old not working or in school

LEGAL NAME (FIRST AND LAST)	RELATION TO HEAD OF HOUSEHOLD	SEX (CIRCLE ONE)	DATE OF BIRTH	SOCIAL SECURITY or I-94 NUMBER	HISPANIC, LATINO, OR SPANISH ORIGIN?	RACE	HEALTH INSURANCE	HIGHEST LEVEL OF EDUCATION	DISCONNECTED YOUTH	DISABILITY	MILITARY STATUS (CIRCLE ONE)	EMPLOYMENT (WORK STATUS)	MEMBER INCOME SOURCE (Write all that apply)
1	SELF	MALE FEMALE			YES NO UNKNOWN				YES NO UNKNOWN	YES NO UNKNOWN	VETERAN ACTIVE NONE UNKNOWN		
2		MALE FEMALE			YES NO UNKNOWN				YES NO UNKNOWN	YES NO UNKNOWN	VETERAN ACTIVE NONE UNKNOWN		
3		MALE FEMALE			YES NO UNKNOWN				YES NO UNKNOWN	YES NO UNKNOWN	VETERAN ACTIVE NONE UNKNOWN		
4		MALE FEMALE			YES NO UNKNOWN				YES NO UNKNOWN	YES NO UNKNOWN	VETERAN ACTIVE NONE UNKNOWN		
5		MALE FEMALE			YES NO UNKNOWN				YES NO UNKNOWN	YES NO UNKNOWN	VETERAN ACTIVE NONE UNKNOWN		
6		MALE FEMALE			YES NO UNKNOWN				YES NO UNKNOWN	YES NO UNKNOWN	VETERAN ACTIVE NONE UNKNOWN		
7		MALE FEMALE			YES NO UNKNOWN				YES NO UNKNOWN	YES NO UNKNOWN	VETERAN ACTIVE NONE UNKNOWN		
8		MALE FEMALE			YES NO UNKNOWN				YES NO UNKNOWN	YES NO UNKNOWN	VETERAN ACTIVE NONE UNKNOWN		

3. **HOUSEHOLD TYPE (check one)** ☐ SINGLE PERSON ☐ SINGLE PARENT FEMALE ☐ TWO PARENT HOUSEHOLD ☐ MULTIGENERATIONAL HOUSEHOLD
☐ TWO ADULTS NO CHILDREN ☐ SINGLE PARENT MALE ☐ NON-RELATED ADULTS WITH CHILDREN ☐ OTHER: _____

4. **HOUSEHOLD INCOME SOURCE**

For each income source listed in section 2, you must include proof of income documentation with this application.

For EMPLOYMENT INCOME, provide copies of your check stubs for 30 days preceding this application, or provide a copy of your federal income tax return. For SELF-EMPLOYEMENT INCOME or FARM INCOME, provide a copy of your federal income tax return.

Does your household have savings over \$50,000 (include all savings and checking accounts, CDs, and other investments) ☐ YES ☐ NO Did anyone in your household file a federal tax return And receive the Earned Income Tax Credit (EITC)? ☐ YES ☐ NO

5. **HOUSEHOLD NON-CASH BENEFITS**

(Check All That Apply)

- ☐ SNAP (FOOD ASSISTANCE PROGRAM)
☐ WIC (WOMEN, INFANTS, \$ CHILDREN)
☐ LIHEAP (ENERGY ASSISTANCE)

- ☐ HOUSING CHOICE VOUCHER (SECTION 8)
☐ PUBLIC HOUSING (SUBSIDIZED)
☐ PERMANENT SUPPORTIVE HOUSING (PSH)

- ☐ HUD-VASH (VETERANS FAMILIES)
☐ CHILDCARE VOUCHER
☐ OTHER: _____

6. **HOUSEHOLD HEATING, ELECTRIC, COMPANIES**

You must include a copy of a recent HEATING SERVICE BILL and ELECTRIC SERVICE BILL with this application

	HEATING	ELECTRIC	
Do you have a disconnect notice?	☐ YES ☐ NO	☐ YES ☐ NO	Is your furnace currently producing heat? ☐ YES ☐ NO
Are you currently disconnected?	☐ YES ☐ NO	☐ YES ☐ NO	
Are you on a payment arrangement?	☐ YES ☐ NO	☐ YES ☐ NO	

If Heat or Electric account is in the name of someone else other than Head of Household, please include Utility Authorization Form

HEAT VENDOR NAME/ ACCOUNT NUMBER _____ ACCOUNT HOLDER NAME IF DIFFERENT THAN HEAD OF HOUSEHOLD _____

ELECTRIC VENDOR/ ACCOUNT NUMBER _____ ACCOUNT HOLDER NAME IF DIFFERENT THAN HEAD OF HOUSEHOLD _____

7. **HOUSING STATUS (Check One)** ☐ OWN ☐ RENT ☐ OTHER (explain) _____ ☐ HOMELESS (If homeless, what is your housing situation)? _____

IF YOU RENT, ANSWER THE FOLLOWING:

- Are your heating costs included in your rent? ☐ YES ☐ NO
If yes, a copy of your lease is required to be submitted
- Are your electric costs included in your rent? ☐ YES ☐ NO
- Do you receive rent assistance? ☐ YES ☐ NO
- Is your rent based on a percentage of your income? ☐ YES ☐ NO

8. HOUSING TYPE (Check One) ☐ HOUSE ☐ MOBILE HOME ☐ BUILDING WITH 2-4 UNITS ☐ BUILDING WITH 5+ UNITS ☐ RENT A ROOM ☐ OTHER: _____
9. MAIN SOURCE OF HEATING (Check One) ☐ ELECTRIC ☐ NATURAL GAS ☐ WOOD/COAL/CORN ☐ FUEL OIL ☐ PROPANE ☐ OTHER: _____

If propane, do you have an empty tank or low tank (30% or less) ☐ YES ☐ NO

10. LANDLORD/RENTAL INFORMATION

NAME: _____

MORTGAGE OR RENT COST PER MONTH: \$ _____

ADDRESS: _____

PHONE NUMBER: _____

CERTIFICATION STATEMENT

I am hereby making application for the Low-Income Home Energy Assistance Program (LIHEAP), and/or the Weatherization Assistance Program. I understand that my signature on this application or my verbal consent gives permission to the agency processing this application to use the information I have provided to determine my household's eligibility for these programs, and for other programs administered by this agency for which I have applied. Further, I hereby give permission to the State of Iowa, the U.S. Department of Energy, U.S. Department of Health and Human Services, and the agency processing this application to obtain additional information from my energy supplier about my household usage and payment history. I also give permission to the State of Iowa to release application information to my energy supplier and to provide details about my account and usage to the LIHEAP and Weatherization Assistance Programs as necessary to facilitate the receipt of benefits. My signature on this application or my verbal consent certifies, under penalty of law, the following: 1) All information and documentation associated with this application is accurate and complete to the best of my ability. 2) I declare I am the only person in the household who has or will apply for these programs. 3) I understand that any willful misrepresentation of the information provided is subject to program disqualification and penalty of law. 4) If applicable, I authorize the weatherization of my house at no cost to me or my family. This includes authorizing the agency to contact my landlord for permission to weatherize the home when applicable. I understand that signing this application does not guarantee I will receive weatherization.

I UNDERSTAND THE ABOVE STATEMENT

Applicant Signature

Date

Staff Signature

Date



LIHEAP UTILITY ACCOUNT HOLDER AUTHORIZATION

This authorization is used when an individual applies for LIHEAP or energy crisis programs **and has a utility account in someone's name that does not reside within the LIHEAP applicant's household.** Complete this form and return it with the application.

LIHEAP Application Info

LIHEAP Head of Household: _____

Residence Address: _____

Account / Account Holder Info

Vendor:

☐ Alliant ☐ MidAmerican Energy ☐ Other Vendor Name _____

Account Number: _____

Account Holder's Name: _____

Service provided through this account:

☐ Natural Gas ☐ Electric Heat ☐ Electric Non-Heat ☐ Propane/Fuel Oil

Account Holder Contact Info (phone # or email): _____

Authorization Statement

I give permission to the agency processing the listed LIHEAP application to acquire additional information and to share information within HACAP and with other organizations for the purpose of providing services to assist the applicant's household. This sharing of information is to be conducted with maximum respect of the confidentiality of the information contained within the application.

I understand that the listed Head of Household is applying for the Low-Income Home Energy Assistance Program (LIHEAP), and/or Weatherization Assistance Program (WAP). I further certify the following: I understand this information will be used, upon request, in determining eligibility for other agency programs or services. Any willful misrepresentation of the information on this form is subject to penalty of law. I assure that any LIHEAP energy payments received will be used solely for home energy costs depending on the designated account. I hereby give permission to the State of Iowa, the U.S. Department of Energy, U.S. Department of Health and Human Services, and the agency processing this application to obtain additional information from my energy supplier about the listed account's energy usage and payment history. I give permission to the State of Iowa to release information to my energy supplier and to provide details about my account and energy use to the LIHEAP and WAP.

By signing, I authorize HACAP to obtain additional information from the listed energy vendor about my account for the purpose of assisting the listed LIHEAP applicant with energy assistance services. This authorization is valid from date signed until 9/30/2025.

Account Holder Signature: _____

Date: _____

HACAP STAFF USE:

Received: _____

Verified by: _____

Scanned: _____

Iowa Low-Income Home Energy Assistance & Weatherization Programs

Community Action Agency _____

Applicant Declaration of No Countable Household Income

This form should be used in situations where the applicant is declaring the entire household has no countable income for LIHEAP eligibility

I, as the applicant, hereby declare that no member of my household receives any of the following common sources of income counted towards LIHEAP eligibility:

1. Annuities
2. Dependent Care
3. Alimony
4. Bitcoin, Cryptocurrency, Dividends, Gambling, Lottery Winnings
5. Income from Operating a Business
6. Interest of Dividends from Assets
7. Internship - Paid
8. Long Term Disability Insurance, VA Service – Connected Disability pension
9. Lump-Sum Recurring or Non-Recurring Payments
10. Rental Income Received
11. Retirement Income, Pensions, Railroad Retirement
12. Social Security payments (SSI, SSDI, SSA Retirement Benefits)
13. Unemployment Compensation
14. Wages from employment, self-employment, farm income, military pay (including Sales Revenue, Tips, Commissions, Bonuses and Fees, Training Stipends etc.)

I certify, under the penalty of perjury that the information presented in this declaration is true and accurate to the best of my knowledge. I further understand that providing false representations and/ or withholding income information is a federal offense and can result in a fine of \$10,000 and/or imprisonment for no more than five years if convicted.

Applicant Printed Name: _____

Applicant Signature: _____

Date: _____